

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MADISON PROJECT INC.

ADDRESS (number and street) **PO BOX 655**
Check if different than previously reported. (ACC) **ALEDO TX 76008**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00298000 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 07 01 2017 through / / 12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **KILGORE, PAUL, A, ,**

Signature of Treasurer **KILGORE, PAUL, A, ,** [Electronically Filed] Date / / 01 31 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="11580.49"/>	<input type="text" value="11580.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32814.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="410743.36"/>	<input type="text" value="505084.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="443557.98"/>	<input type="text" value="516664.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="176526.82"/>	<input type="text" value="249633.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="267031.16"/>	<input type="text" value="267031.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46782.00	69432.00
(ii) Unitemized	45838.81	92083.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	92620.81	161515.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	92620.81	161515.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	446.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	318122.55	343122.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	410743.36	505084.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	410743.36	505084.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	91710.82	142913.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	91710.82	142913.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	1665.00
24. Independent Expenditures (use Schedule E)	68000.00	68033.25
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	14816.00	36922.15
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	176526.82	249633.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	176526.82	249633.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	92620.81	161515.45
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92620.81	161415.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	91710.82	142913.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	446.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	91710.82	142466.93

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BASSO, DANNY, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15301 DALLAS PKWY, SUITE 1100
 City ADDISON State TX Zip Code 75001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SYSTEMWARE, INC Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2017
Transaction ID : SA11AI.388840
 Amount of Each Receipt this Period 500.00
 Memo Item

B. BAUGHMAN, JO ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1269
 City PHILOMATH State OR Zip Code 97370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 07 / 12 / 2017
Transaction ID : SA11AI.388494
 Amount of Each Receipt this Period 42.00
 Memo Item

C. BAUGHMAN, JO ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1269
 City PHILOMATH State OR Zip Code 97370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 376.00

Date of Receipt 07 / 24 / 2017
Transaction ID : SA11AI.388517
 Amount of Each Receipt this Period 34.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BAUGHMAN, JO ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1269
 City PHILOMATH State OR Zip Code 97370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.00

Date of Receipt
 11 / 20 / 2017
Transaction ID : SA11AI.389534
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BERRY, NITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 594 BRUSHY FORK RD
 City SALUDA State SC Zip Code 29138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt
 09 / 29 / 2017
Transaction ID : SA11AI.389058
 Amount of Each Receipt this Period 112.00
 Memo Item

C. BERRY, NITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 594 BRUSHY FORK RD
 City SALUDA State SC Zip Code 29138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : SA11AI.389480
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BETTERMAN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 SOMERVILLE DRIVE
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.388896
 Amount of Each Receipt this Period 25.00
 Memo Item

B. BETTERMAN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 SOMERVILLE DRIVE
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.389278
 Amount of Each Receipt this Period 25.00
 Memo Item

C. BETTERMAN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 SOMERVILLE DRIVE
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.389492
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BETTERMAN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 SOMERVILLE DRIVE
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.389670
 Amount of Each Receipt this Period 25.00
 Memo Item

B. BLACK, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 BANKS AVE
 City GRAND COULEE State WA Zip Code 99133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.389847
 Amount of Each Receipt this Period 50.00
 Memo Item

C. BOYD, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 18 RD
 City MEADE State KS Zip Code 67864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389709
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BRESSLER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CARSWELL CT

City BASKING RIDGE	State NJ	Zip Code 07920
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : SA11AI.388979

Amount of Each Receipt this Period
250.00

Memo Item

B. BRINSTER, LESLIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : SA11AI.388813

Amount of Each Receipt this Period
150.00

Memo Item

C. BUERGER, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 STONY RIDGE CT

City HILLSDALE	State MI	Zip Code 49242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

Transaction ID : SA11AI.389204

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BURIANEK, BRUCE, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3010 QUINCANNON LN

City HOUSTON	State TX	Zip Code 77043
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIRESAFE	Occupation (for Individual) OWNER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

Transaction ID : SA11AI.388758

Amount of Each Receipt this Period
250.00

Memo Item

B. BURT, ALLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13715 N WILD HAZEL LN

City MARANA	State AZ	Zip Code 85658
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

Transaction ID : SA11AI.388719

Amount of Each Receipt this Period
1000.00

Memo Item

C. BURT, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8S041 CREEK DR

City NAPERVILLE	State IL	Zip Code 60540
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) C. T. BURT SALES	Occupation (for Individual) SALES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

Transaction ID : SA11AI.389807

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. CERVIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815A HILLTOP AVE EXT
 City ABINGDON State MD Zip Code 21009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.389372
 Amount of Each Receipt this Period 90.00
 Memo Item

B. CLAIBORNE, WALTER, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14217 CLAIBORNE RD
 City BATCHELOR State LA Zip Code 70715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.389043
 Amount of Each Receipt this Period 225.00
 Memo Item

C. CLAIBORNE, WALTER, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14217 CLAIBORNE RD
 City BATCHELOR State LA Zip Code 70715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 18 / 2017
Transaction ID : SA11AI.389812
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	515.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. CLYDE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2623 PEBBLE DAWN

City SAN ANTONIO	State TX	Zip Code 78232
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2017
Transaction ID : SA11AI.389676

Amount of Each Receipt this Period
 200.00

Memo Item

B. COLE, FRANCIS, H., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6195 BOSKEY DR

City MILLINGTON	State TN	Zip Code 38053
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF TENNESSEE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.389331

Amount of Each Receipt this Period
 300.00

Memo Item

C. COLE, FRANCIS, H., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6195 BOSKEY DR

City MILLINGTON	State TN	Zip Code 38053
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF TENNESSEE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.389535

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. CONTI, JESSE, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2301

City COLORADO SPRINGS	State CO	Zip Code 80901
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.389833

Amount of Each Receipt this Period
200.00

Memo Item

B. COSTELLO, DANIEL, J, , JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9236 S KOMENSKY AVE

City OAK LAWN	State IL	Zip Code 60453
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF NOTRE DAME	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

Transaction ID : SA11AI.389329

Amount of Each Receipt this Period
200.00

Memo Item

C. CUMMINS, JOAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2608 ASHLEY WOODS DR

City WESTCHESTER	State IL	Zip Code 60154
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2017

Transaction ID : SA11AI.388685

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DAVIS, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2181 FLATWOOD RD
 City WETUMPKA State AL Zip Code 36092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CATTLE FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt **10 / 12 / 2017**
Transaction ID : SA11AI.389256
 Amount of Each Receipt this Period 202.00
 Memo Item

B. DAVIS, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2181 FLATWOOD RD
 City WETUMPKA State AL Zip Code 36092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CATTLE FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt **11 / 27 / 2017**
Transaction ID : SA11AI.389574
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DIGIOVANNI, M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17015 53RD AVE S
 City SEATAC State WA Zip Code 98188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.389511
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DINKINS, BRAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 SE 52 STREET
 City Ocala State FL Zip Code 34480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPMENT.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11AI.388569
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2017
Transaction ID : SA11AI.388495
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.389136
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DOCTER, TIMOTHY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7778 BOCA RATON DR

City LAS VEGAS	State NV	Zip Code 89113
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11AI.389145

Amount of Each Receipt this Period
100.00

Memo Item

B. DOCTER, TIMOTHY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7778 BOCA RATON DR

City LAS VEGAS	State NV	Zip Code 89113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.389602

Amount of Each Receipt this Period
50.00

Memo Item

C. DOCTER, TIMOTHY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7778 BOCA RATON DR

City LAS VEGAS	State NV	Zip Code 89113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : SA11AI.389677

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : SA11AI.389778
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. DONIHOO, BILLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 DUBLIN RD
 City PLANO State TX Zip Code 75094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2017
Transaction ID : SA11AI.389826
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. ECKERMAN, RUTH, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 ATWOOD AVE APT 106
 City MADISON State WI Zip Code 53714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2017
Transaction ID : SA11AI.388489
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. ECKERMAN, RUTH, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 ATWOOD AVE APT 106

City MADISON	State WI	Zip Code 53714
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 08 / 12 / 2017
Transaction ID : SA11AI.388604

Amount of Each Receipt this Period
 35.00

Memo Item

B. ECKERMAN, RUTH, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 ATWOOD AVE APT 106

City MADISON	State WI	Zip Code 53714
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 09 / 17 / 2017
Transaction ID : SA11AI.388936

Amount of Each Receipt this Period
 25.00

Memo Item

C. ECKERMAN, RUTH, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 ATWOOD AVE APT 106

City MADISON	State WI	Zip Code 53714
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 11 / 10 / 2017
Transaction ID : SA11AI.389502

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. EDWARDS, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 MOORLAND DR
 City SAN DIEGO State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYTHEON Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.389347
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. ENDRES, ARDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12652 FLETCHER DR
 City GARDEN GROVE State CA Zip Code 92840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017
Transaction ID : SA11AI.389389
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. ENDRES, ARDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12652 FLETCHER DR
 City GARDEN GROVE State CA Zip Code 92840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.389621
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. ERICKSON, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 WHITESTAG WAY
 City VACAVILLE State CA Zip Code 95687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.389846
 Amount of Each Receipt this Period 100.00
 Memo Item

B. FARLEY, PATRICIA, R, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 SPRING LAKE DRIVE NE
 City CONYERS State GA Zip Code 30013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 25 / 2017
Transaction ID : SA11AI.389859
 Amount of Each Receipt this Period 25.00
 Memo Item

C. FAUCHER, CLIFFORD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 W LAS PALMAS CIR
 City ORANGE State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.389895
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FINLAY, KAY, , ,			Date of Receipt MM / DD / YYYY 09 / 01 / 2017 Transaction ID : SA11AI.388792
Mailing Address 10 LA CERRA CIR			Amount of Each Receipt this Period 75.00
City RANCHO MIRAGE	State CA	Zip Code 92270	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00	
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FINLAY, KAY, , ,			Date of Receipt MM / DD / YYYY 09 / 25 / 2017 Transaction ID : SA11AI.388965
Mailing Address 10 LA CERRA CIR			Amount of Each Receipt this Period 100.00
City RANCHO MIRAGE	State CA	Zip Code 92270	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FINLAY, KAY, , ,			Date of Receipt MM / DD / YYYY 11 / 01 / 2017 Transaction ID : SA11AI.389390
Mailing Address 10 LA CERRA CIR			Amount of Each Receipt this Period 100.00
City RANCHO MIRAGE	State CA	Zip Code 92270	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 425.00	
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. FINLAY, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 LA CERRA CIR
 City RANCHO MIRAGE State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11AI.389614
 Amount of Each Receipt this Period 125.00
 Memo Item

B. FOGLEMAN, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 510
 City BUTNER State NC Zip Code 27509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.389254
 Amount of Each Receipt this Period 500.00
 Memo Item

C. FOSTER, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 17TH ST
 City BEDFORD State IN Zip Code 47421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.388677
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. FRANTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 W LESTER AVE
 City CLOVIS State CA Zip Code 93619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.389470
 Amount of Each Receipt this Period 50.00
 Memo Item

B. FRANTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 W LESTER AVE
 City CLOVIS State CA Zip Code 93619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389704
 Amount of Each Receipt this Period 25.00
 Memo Item

C. GASS, JERRY, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ROCKMONT RD
 City GREENVILLE State SC Zip Code 29615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.388949
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. HALL, KENT, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1606 N HEARTHSIDE DR

City RICHMOND	State TX	Zip Code 77406
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.388635

Amount of Each Receipt this Period
150.00

Memo Item

B. HALL, KENT, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1606 N HEARTHSIDE DR

City RICHMOND	State TX	Zip Code 77406
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11AI.389047

Amount of Each Receipt this Period
300.00

Memo Item

C. HARDY, KARIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1590 KELLOGG BAY RD

City VERGENNES	State VT	Zip Code 05491
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2017

Transaction ID : SA11AI.389222

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. HILLMAN, TATNALL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.389518
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. HOOLEY, MARCIA, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 W 050 N
 City LAGRANGE State IN Zip Code 46761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI.389437
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HUMPHREY, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2279 E 250 N
 City BLUFFTON State IN Zip Code 46714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.389312
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5075.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 105 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. JACKSON, BRIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7014 SHAY CT

City HIGHLAND	State CA	Zip Code 92346
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : SA11AI.389637

Amount of Each Receipt this Period
40.00

Memo Item

B. JACKSON, BRIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7014 SHAY CT

City HIGHLAND	State CA	Zip Code 92346
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : SA11AI.389749

Amount of Each Receipt this Period
40.00

Memo Item

C. JANSEN, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6730 SW NEHALEM LN

City BEAVERTON	State OR	Zip Code 97007
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : SA11AI.389745

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, KENNETH, , ,

Mailing Address 2165 STOPPER DR

City MONTOURSVILLE	State PA	Zip Code 17754
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : SA11AI.389026

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, KENNETH, , ,

Mailing Address 2165 STOPPER DR

City MONTOURSVILLE	State PA	Zip Code 17754
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11AI.389472

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, KENNETH, , ,

Mailing Address 2165 STOPPER DR

City MONTOURSVILLE	State PA	Zip Code 17754
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2017

Transaction ID : SA11AI.389739

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. KAPETANSKY, FREDERICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2599 SONATA DR
 City COLUMBUS State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F M KAPETANSKY MD INC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389700
 Amount of Each Receipt this Period 125.00
 Memo Item

B. KING, HARVEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 AALAPAPA PL
 City KAILUA State HI Zip Code 96734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389680
 Amount of Each Receipt this Period 250.00
 Memo Item

C. KUBIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 BLOUNT ST
 City HOUSTON State TX Zip Code 77008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.389843
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. LESTE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3437 VIA LOMA VIS
 City ESCONDIDO State CA Zip Code 92029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2017
Transaction ID : SA11AI.389005
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. LEWIS, C, H, MR, II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 70
 City GLOSTER State MS Zip Code 39638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FORESTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : SA11AI.389019
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. LIEN, KAREN, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1435 ELEPHANT RD
 City PERKASIE State PA Zip Code 18944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2017
Transaction ID : SA11AI.389740
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. LOEFFLER, ALAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 NE 3RD ST

City OKLAHOMA CITY	State OK	Zip Code 73104
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FEDERAL CORPORATION	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.389881

Amount of Each Receipt this Period
500.00

Memo Item

B. MARSHALL, HELEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 SUSAN AVE

City WOODSTOCK	State VA	Zip Code 22664
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

Transaction ID : SA11AI.389340

Amount of Each Receipt this Period
150.00

Memo Item

C. MARSHALL, HELEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 SUSAN AVE

City WOODSTOCK	State VA	Zip Code 22664
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : SA11AI.389594

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MARSHALL, PATRICIA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12836A W. 65TH WAY
 City ARVADA State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.389896
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MCBRIDE, HERMAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14600 ST. RT. 65
 City JACKSON CENTER State OH Zip Code 45334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RISING SUN EXPRESS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 26 / 2017**
Transaction ID : SA11AI.389066
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MCDONALD, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1898 HENDERSHOT RD
 City PARMA State MI Zip Code 49269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : SA11AI.389454
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MCMAHAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ROBINLAKE LN
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017
Transaction ID : SA11AI.389264
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. MEADOWS, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12498 S 305TH EAST AVE
 City COWETA State OK Zip Code 74429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAISER-FRANK AREDARKO LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : SA11AI.389456
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MEEHAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 BAYNAM POND DR.
 City WAKE FOREST State NC Zip Code 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.389628
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MEISSNER, MIKE, L, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 WEEPING SPRUCE PL

City THE WOODLANDS	State TX	Zip Code 77384
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHEVRON PHILLIPS CHEMICAL CO.	Occupation (for Individual) FINANCE MGR.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

Transaction ID : SA11AI.388713

Amount of Each Receipt this Period
400.00

Memo Item

B. MOYERS, JAY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5356 E BRIARWOOD CIR

City CENTENNIAL	State CO	Zip Code 80122
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.388638

Amount of Each Receipt this Period
320.00

Memo Item

C. MOYERS, JAY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5356 E BRIARWOOD CIR

City CENTENNIAL	State CO	Zip Code 80122
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : SA11AI.388887

Amount of Each Receipt this Period
240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	960.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MOYERS, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5356 E BRIARWOOD CIR
 City CENTENNIAL State CO Zip Code 80122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017
Transaction ID : SA11AI.389263
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. MOYERS, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5356 E BRIARWOOD CIR
 City CENTENNIAL State CO Zip Code 80122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.389478
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. MOYERS, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5356 E BRIARWOOD CIR
 City CENTENNIAL State CO Zip Code 80122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.389886
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MYRON, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 745 9TH ST NE
 City THOMPSON State ND Zip Code 58278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 14 / 2017
Transaction ID : SA11AI.389742
 Amount of Each Receipt this Period 50.00
 Memo Item

B. NELSON, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 SHAWNEE RD
 City WAXAHACHIE State TX Zip Code 75165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.389266
 Amount of Each Receipt this Period 50.00
 Memo Item

C. NELSON, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 SHAWNEE RD
 City WAXAHACHIE State TX Zip Code 75165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2017
Transaction ID : SA11AI.389558
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. NIBBE, MARILYN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7500 YORK AVE S 740
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 01 / 2017
Transaction ID : SA11AI.388776
 Amount of Each Receipt this Period 100.00
 Memo Item

B. NICHOLAS, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 HOWARD RD
 City GREENWICH State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11AI.388589
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ODELL, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 S RIVER RD APT 148
 City JANESVILLE State WI Zip Code 53546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.388957
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. PEAY, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2965 FAIRMOUNT BLVD
 City CLEVELAND HEIGHTS State OH Zip Code 44118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 06 / 2017**
Transaction ID : SA11AI.388426
 Amount of Each Receipt this Period 250.00
 Memo Item

B. PELLECCIA, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 COATES RD
 City ALLENTOWN State NJ Zip Code 08501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 12 / 2017**
Transaction ID : SA11AI.389240
 Amount of Each Receipt this Period 250.00
 Memo Item

C. PENNER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 HIGHWAY K-15
 City HILLSBORO State KS Zip Code 67063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **09 / 25 / 2017**
Transaction ID : SA11AI.388958
 Amount of Each Receipt this Period 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. PENNER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 HIGHWAY K-15
 City HILLSBORO State KS Zip Code 67063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.389371
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. PENNER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 HIGHWAY K-15
 City HILLSBORO State KS Zip Code 67063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.389623
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. PENNER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 HIGHWAY K-15
 City HILLSBORO State KS Zip Code 67063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2017
Transaction ID : SA11AI.389825
 Amount of Each Receipt this Period
 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	465.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEYTON, WILLIAM, , ,

Mailing Address 9228 E STATE ROAD 42

City RAGO	State KS	Zip Code 67142
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : SA11AI.388767

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEYTON, WILLIAM, , ,

Mailing Address 9228 E STATE ROAD 42

City RAGO	State KS	Zip Code 67142
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : SA11AI.389042

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEYTON, WILLIAM, , ,

Mailing Address 9228 E STATE ROAD 42

City RAGO	State KS	Zip Code 67142
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

Transaction ID : SA11AI.389339

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. PEYTON, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9228 E STATE ROAD 42

City RAGO	State KS	Zip Code 67142
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : SA11AI.389605

Amount of Each Receipt this Period
125.00

Memo Item

B. PEYTON, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9228 E STATE ROAD 42

City RAGO	State KS	Zip Code 67142
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.389897

Amount of Each Receipt this Period
100.00

Memo Item

C. PROBST, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1920 FRANKLIN ST

City COLUMBUS	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.388660

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. RITCH, PHILIP, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 KALUAMOO ST

City KAILUA	State HI	Zip Code 96734
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : SA11AI.388882

Amount of Each Receipt this Period
200.00

Memo Item

B. RITCH, PHILIP, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 KALUAMOO ST

City KAILUA	State HI	Zip Code 96734
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.389912

Amount of Each Receipt this Period
35.00

Memo Item

C. ROBERTSON, REX, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16400 DALLAS PKWY STE 140

City DALLAS	State TX	Zip Code 75248
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : SA11AI.389808

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	735.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. SCHEEL, ROBERT, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 HARWOOD DR S APT 378

City FARGO	State ND	Zip Code 58104
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2017

Transaction ID : SA11AI.389382

Amount of Each Receipt this Period
200.00

Memo Item

B. SCHMIDT, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7100 E BELLEVIEW AVE STE 307

City GREENWOOD VILLAGE	State CO	Zip Code 80111
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SCHMIDT & ASSOCIATES PC	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : SA11AI.388956

Amount of Each Receipt this Period
1000.00

Memo Item

C. SHAW, JACQUELINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 LANCASTER WAY

City VALLEJO	State CA	Zip Code 94591
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.389844

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. SHELBY, CHLOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 STARR JORDAN DR
 City ANNANDALE State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAISER PERMANENTE Occupation (for Individual) MEDICAL TECHNOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 11 / 2017**
Transaction ID : SA11AI.389702
 Amount of Each Receipt this Period 125.00
 Memo Item

B. SLATER, DWIGHT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25811 CHAPELWEIGH DR
 City FARMINGTON HILLS State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHEARER HOSPITAL Occupation (for Individual) ER PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 30 / 2017**
Transaction ID : SA11AI.389332
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SLAWIAK, RAYMOND, , TSGT, RET.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4605 BEAVER MEADOW RD
 City VERNON State NY Zip Code 13476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 29 / 2017**
Transaction ID : SA11AI.389023
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. SLAWIAK, RAYMOND, , TSGT, RET.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4605 BEAVER MEADOW RD
 City VERNON State NY Zip Code 13476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.389473
 Amount of Each Receipt this Period 500.00
 Memo Item

B. SMITH, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 BOUNDARY LN
 City OTTERVILLE State MO Zip Code 65348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2017
Transaction ID : SA11AI.389769
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SNELLING, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5699 MIRAMAR DR
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.388961
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. SNYDER, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 VALLEJO CT
 City MILLBRAE State CA Zip Code 94030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11AI.389622
 Amount of Each Receipt this Period 125.00
 Memo Item

B. SOVIE, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28022 CAMINO LA RONDA
 City SAN JUAN CAPO State CA Zip Code 92675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2017
Transaction ID : SA11AI.389771
 Amount of Each Receipt this Period 50.00
 Memo Item

C. STAHMANN, KATHRYN, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 N TANGLEWOOD SPUR
 City SEDONA State AZ Zip Code 86351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2017
Transaction ID : SA11AI.388725
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. STAHMANN, KATHRYN, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 N TANGLEWOOD SPUR

City SEDONA	State AZ	Zip Code 86351
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
482.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

Transaction ID : SA11AI.388998

Amount of Each Receipt this Period
122.00

Memo Item

B. STAHMANN, KATHRYN, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 N TANGLEWOOD SPUR

City SEDONA	State AZ	Zip Code 86351
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
607.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11AI.389577

Amount of Each Receipt this Period
125.00

Memo Item

C. STRZALKA, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3756 N LEAVITT ST

City CHICAGO	State IL	Zip Code 60618
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.389510

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	497.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SWEHLA, JOHN, , ,		Date of Receipt
Mailing Address 804 W 4TH ST		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City SUMNER	State IA	Zip Code 50674
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.389343
Name of Employer (for Individual) VIAFIELD		Occupation (for Individual) AGRONOMIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TAYLOR, MARILYN, , ,		Date of Receipt
Mailing Address 804 TOBACCOPORT RD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City BUMPUS MILLS	State TN	Zip Code 37028
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.389892
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="4000.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. THURMAN, GARY, L., ,		Date of Receipt
Mailing Address PO BOX 1411		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City MIDLAND	State TX	Zip Code 79702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.389551
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) CPA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. TURBERVILLE, FRANK, B, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 246
 City MILTON State NC Zip Code 27305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.389338
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. TYSSSEN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5413 W BROWN ST
 City PASCO State WA Zip Code 99301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2017
Transaction ID : SA11AI.389679
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. WEDGEWORTH, JAMES, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 6125
 City HILTON HEAD ISLAND State SC Zip Code 29938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.389885
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1475.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. WEIDIG, LARRY, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3819 S 18TH ST
 City SHEBOYGAN State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.389477
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WEIDIG, LARRY, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3819 S 18TH ST
 City SHEBOYGAN State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389698
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WHEATLEY, ALICE, Y, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 CORNERSTONE CIR
 City FRANKLIN State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2017
Transaction ID : SA11AI.388798
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. WILLIAMS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 SWEETBRIAR RD

City MEMPHIS	State TN	Zip Code 38120
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONVEYORMAN INC.	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

Transaction ID : SA11AI.389308

Amount of Each Receipt this Period
300.00

Memo Item

B. WILSON, ALFRED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 458

City BOUND BROOK	State NJ	Zip Code 08805
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11AI.389580

Amount of Each Receipt this Period
200.00

Memo Item

C. WILSON, JERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9962 ROCKBROOK DR

City DALLAS	State TX	Zip Code 75220
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
11000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.389907

Amount of Each Receipt this Period
10000.00

Memo Item
REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. WINTER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7712 APPLE MILL PL
 City LOUISVILLE State KY Zip Code 40228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2017
Transaction ID : SA11AI.389392
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. WISE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 GREENLEAF CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017
Transaction ID : SA11AI.388505
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WISE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 GREENLEAF CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2017
Transaction ID : SA11AI.388696
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. WISE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 GREENLEAF CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : SA11AI.388943
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WISE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 GREENLEAF CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017
Transaction ID : SA11AI.389289
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WISE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 GREENLEAF CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : SA11AI.389532
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. YOUNG, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2023 SALT MYRTLE LN
 City ORANGE PARK State FL Zip Code 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SMITH & YOUNG CO. Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2017
Transaction ID : SA11AI.388802
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ZELLMER, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 325
 City DAVENPORT State WA Zip Code 99122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.388914
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ZELLMER, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 325
 City DAVENPORT State WA Zip Code 99122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.389693
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	46782.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 105
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. UIHLEIN, RICHARD, , ,		Date of Receipt
Mailing Address 1396 N WAUKEGAN RD		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 07 / 28 / 2017
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Transaction ID : SA17.388542
Name of Employer (for Individual) ULINE		Amount of Each Receipt this Period 68000.00
Occupation (for Individual) CEO/OWNER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 93000.00	NON-CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. UIHLEIN, RICHARD, , ,		Date of Receipt
Mailing Address 1396 N WAUKEGAN RD		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 12 / 15 / 2017
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Transaction ID : SA17.389787
Name of Employer (for Individual) ULINE		Amount of Each Receipt this Period 250000.00
Occupation (for Individual) CEO/OWNER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343000.00	NON-CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	318000.00
TOTAL This Period (last page this line number only).....	318000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. A3K ADVERTISING INC.		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017	
Mailing Address 1101 WAYLAND DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38937 Amount of Each Disbursement this Period [REDACTED] 125.00	
City ARLINGTON	State TX	Zip Code 76012	Category/ Type 001
Purpose of Disbursement PAC WEB DEVELOPMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ACTIVE ENGAGEMENT		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 44084 RIVERSIDE PKWY STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38854 Amount of Each Disbursement this Period [REDACTED] 1100.00	
City LANSDOWNE	State VA	Zip Code 20176	Category/ Type 001
Purpose of Disbursement PAC E-MARKETING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ACTIVE ENGAGEMENT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2017	
Mailing Address 44084 RIVERSIDE PKWY STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38883 Amount of Each Disbursement this Period [REDACTED] 2055.00	
City LANSDOWNE	State VA	Zip Code 20176	Category/ Type 001
Purpose of Disbursement PAC E-MARKETING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3280.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT

Mailing Address 44084 RIVERSIDE PKWY STE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38923
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT

Mailing Address 44084 RIVERSIDE PKWY STE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38937
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AMBASSADOR ACCOUNTS INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.3885t
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. AMBASSADOR ACCOUNTS INC.		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 7521 PRESIDENTIAL LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38862 Amount of Each Disbursement this Period 80.68
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement PAC ACCOUNTING SERVICES		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTS INC.		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 7521 PRESIDENTIAL LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38890 Amount of Each Disbursement this Period 123.92
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement PAC ACCOUNTING SERVICES		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMBASSADOR ACCOUNTS INC.		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017
Mailing Address 7521 PRESIDENTIAL LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38923 Amount of Each Disbursement this Period 86.50
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement PAC ACCOUNTING SERVICES		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	291.10
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)
A. AMBASSADOR ACCOUNTS INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	4	5		2	0	1	7		

Mailing Address 7521 PRESIDENTIAL LANE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38966
Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. ANEDOT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	7		

Mailing Address THIRD STREET, SUITE 2B

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38848
Amount of Each Disbursement this Period

[REDACTED] 48.85

Memo Item

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. ANEDOT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

Mailing Address THIRD STREET, SUITE 2B

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38851
Amount of Each Disbursement this Period

[REDACTED] 57.75

Memo Item

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 206.60

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address **THIRD STREET, SUITE 2B**

City
BATON ROUGE

State
LA

Zip Code
70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2017

FEC Identification Number

C

Transaction ID : SB21B.38883

Amount of Each Disbursement this Period

177.24

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address **THIRD STREET, SUITE 2B**

City
BATON ROUGE

State
LA

Zip Code
70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	30	/	2017

FEC Identification Number

C

Transaction ID : SB21B.38923

Amount of Each Disbursement this Period

61.67

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address **THIRD STREET, SUITE 2B**

City
BATON ROUGE

State
LA

Zip Code
70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	29	/	2017

FEC Identification Number

C

Transaction ID : SB21B.38943

Amount of Each Disbursement this Period

256.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

494.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address **THIRD STREET, SUITE 2B**

City
BATON ROUGE

State
LA

Zip Code
70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

C

Transaction ID : SB21B.38977

Amount of Each Disbursement this Period

99.34

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T INC.

Mailing Address **208 S AKARD ST**

City
DALLAS

State
TX

Zip Code
75202

Purpose of Disbursement
PAC TELEPHONE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2017			

FEC Identification Number

C

Transaction ID : SB21B.38928

Amount of Each Disbursement this Period

467.26

Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address **100 N TRYON ST**

City
CHARLOTTE

State
NC

Zip Code
28202

Purpose of Disbursement
PAC BANK FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2017			

FEC Identification Number

C

Transaction ID : SB21B.38848

Amount of Each Disbursement this Period

29.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

596.55

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38841

Amount of Each Disbursement this Period: 30.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38841

Amount of Each Disbursement this Period: 12.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38841

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

72.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38854 Amount of Each Disbursement this Period [REDACTED] 30.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38855 Amount of Each Disbursement this Period [REDACTED] 29.95	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38855 Amount of Each Disbursement this Period [REDACTED] 12.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 71.95

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38862

Amount of Each Disbursement this Period: 35.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38869

Amount of Each Disbursement this Period: 35.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38866

Amount of Each Disbursement this Period: 35.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 105.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38869

Amount of Each Disbursement this Period: 35.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38869

Amount of Each Disbursement this Period: 3.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38876

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 48.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38883

Amount of Each Disbursement this Period: 29.95

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38883

Amount of Each Disbursement this Period: 12.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38883

Amount of Each Disbursement this Period: 12.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

53.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 09 / 14 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B.38890
Amount of Each Disbursement this Period
[REDACTED] 30.00

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 09 / 14 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B.38890
Amount of Each Disbursement this Period
[REDACTED] 10.00

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B.38890
Amount of Each Disbursement this Period
[REDACTED] 3.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 43.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38907	
City CHARLOTTE	State NC	Zip Code 28202	Amount of Each Disbursement this Period [REDACTED] 29.95
Purpose of Disbursement PAC BANK FEES		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38906	
City CHARLOTTE	State NC	Zip Code 28202	Amount of Each Disbursement this Period [REDACTED] 12.00
Purpose of Disbursement PAC BANK FEES		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38906	
City CHARLOTTE	State NC	Zip Code 28202	Amount of Each Disbursement this Period [REDACTED] 12.00
Purpose of Disbursement PAC BANK FEES		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 53.95
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 10 / 06 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] Transaction ID : SB21B.38923 Amount of Each Disbursement this Period [REDACTED] 35.00	
Purpose of Disbursement PAC BANK FEES		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 10 / 06 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] Transaction ID : SB21B.38913 Amount of Each Disbursement this Period [REDACTED] 30.00	
Purpose of Disbursement PAC BANK FEES		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 10 / 20 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] Transaction ID : SB21B.38925 Amount of Each Disbursement this Period [REDACTED] 10.00	
Purpose of Disbursement PAC BANK FEES		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 75.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38937

Amount of Each Disbursement this Period: 30.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38942

Amount of Each Disbursement this Period: 12.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38943

Amount of Each Disbursement this Period: 29.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

71.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38942 Amount of Each Disbursement this Period 12.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38961 Amount of Each Disbursement this Period 12.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38961 Amount of Each Disbursement this Period 29.95	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶

53.95

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			001 Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C
Transaction ID : SB21B.38961
Amount of Each Disbursement this Period
12.00

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 12 / 13 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			001 Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C
Transaction ID : SB21B.38979
Amount of Each Disbursement this Period
3.00

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA			Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE		State NC	Zip Code 28202	
Purpose of Disbursement PAC BANK FEES			001 Category/Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number
C
Transaction ID : SB21B.38986
Amount of Each Disbursement this Period
3.00

SUBTOTAL of Disbursements This Page (optional).....▶	18.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. DOUGLAS, KATHY, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38890 Amount of Each Disbursement this Period 500.00	
City ALEDO	State TX	Zip Code 76008	Category/ Type 001
Purpose of Disbursement PAC ACCOUNTING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. DOUGLAS, KATHY, , ,		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017	
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38928 Amount of Each Disbursement this Period 500.00	
City ALEDO	State TX	Zip Code 76008	Category/ Type 001
Purpose of Disbursement PAC ACCOUNTING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. DOUGLAS, KATHY, , ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38952 Amount of Each Disbursement this Period 500.00	
City ALEDO	State TX	Zip Code 76008	Category/ Type 001
Purpose of Disbursement PAC ACCOUNTING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DOUGLAS, KATHY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 901 MCCLENDON WALKER ROAD

City ALEDO State TX Zip Code 76008

Purpose of Disbursement PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38967

Amount of Each Disbursement this Period: 500.00

Memo Item

B. ELECTEK

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38862

Amount of Each Disbursement this Period: 1200.00

Memo Item

C. ELECTEK

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38878

Amount of Each Disbursement this Period: 600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ELECTEK

Mailing Address PO BOX 23715

City
CHAGRIN FALLS

State
OH

Zip Code
44023

Purpose of Disbursement
PAC SOFTWARE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

C

Transaction ID : SB21B.38899

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTEK

Mailing Address PO BOX 23715

City
CHAGRIN FALLS

State
OH

Zip Code
44023

Purpose of Disbursement
PAC SOFTWARE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2017			

FEC Identification Number

C

Transaction ID : SB21B.38943

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTEK

Mailing Address PO BOX 23715

City
CHAGRIN FALLS

State
OH

Zip Code
44023

Purpose of Disbursement
PAC SOFTWARE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C

Transaction ID : SB21B.38966

Amount of Each Disbursement this Period

600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1800.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. HOSTGATOR

Full Name (Last, First, Middle Initial)

Mailing Address 11251 NORTHWEST FWY STE 400

City HOUSTON State TX Zip Code 77092

Purpose of Disbursement PAC WEB HOSTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38862

Amount of Each Disbursement this Period: 216.82

Memo Item

B. MAILCHIMP

Full Name (Last, First, Middle Initial)

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement PAC E-MARKETING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38848

Amount of Each Disbursement this Period: 195.00

Memo Item

C. MAILCHIMP

Full Name (Last, First, Middle Initial)

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement PAC E-MARKETING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38862

Amount of Each Disbursement this Period: 195.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 606.82

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38890
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38928
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38953
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
12 / 11 / 2017

FEC Identification Number

Transaction ID : SB21B.38978
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIA TEMPLE

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
PAC WEB HOSTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
07 / 14 / 2017

FEC Identification Number

Transaction ID : SB21B.38849
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MEDIA TEMPLE

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
PAC WEB HOSTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
08 / 15 / 2017

FEC Identification Number

Transaction ID : SB21B.38866
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. MEDIA TEMPLE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 8520 NATIONAL BLVD BLDG A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38893
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement PAC WEB HOSTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 60.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MEDIA TEMPLE		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017
Mailing Address 8520 NATIONAL BLVD BLDG A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38929
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement PAC WEB DEVELOPMENT		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 60.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MEDIA TEMPLE		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017
Mailing Address 8520 NATIONAL BLVD BLDG A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38952
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement PAC WEB DEVELOPMENT		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 60.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. MEDIA TEMPLE

Full Name (Last, First, Middle Initial)

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement PAC WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.38979**

Amount of Each Disbursement this Period: 60.00

Memo Item

B. PAYCHEX

Full Name (Last, First, Middle Initial)

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAC PAYROLL SERVICE FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.38848**

Amount of Each Disbursement this Period: 189.76

Memo Item

C. PAYCHEX

Full Name (Last, First, Middle Initial)

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAC PAYROLL SERVICE FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.38862**

Amount of Each Disbursement this Period: 72.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

322.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL SERVICE FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.38890

Amount of Each Disbursement this Period

61.34

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL SERVICE FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.38928

Amount of Each Disbursement this Period

61.34

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL SERVICE FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.3895t

Amount of Each Disbursement this Period

72.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

195.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL SERVICE FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

Transaction ID : SB21B.38978
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 12 / 2017

FEC Identification Number

Transaction ID : SB21B.38817
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 14 / 2017

FEC Identification Number

Transaction ID : SB21B.3885t
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38890
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38928
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38946
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38967
Amount of Each Disbursement this Period
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHAFER, KRISTOFFER, L., ,

Mailing Address 2420 VIA BOLOGNA
APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement
PAC FIELD CONSULTING

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38883
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHAFER, KRISTOFFER, L., ,

Mailing Address 2420 VIA BOLOGNA
APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement
PAC FIELD CONSULTING

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38923
Amount of Each Disbursement this Period
1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. SHAFER, KRISTOFFER, L., ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 2420 VIA BOLOGNA APT. 2428		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38946 Amount of Each Disbursement this Period 1500.00	
City FORT WORTH	State TX	Zip Code 76109	Category/ Type 001
Purpose of Disbursement PAC FIELD CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SHAFER, KRISTOFFER, L., ,		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 2420 VIA BOLOGNA APT. 2428		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38967 Amount of Each Disbursement this Period 1500.00	
City FORT WORTH	State TX	Zip Code 76109	Category/ Type 001
Purpose of Disbursement PAC FIELD CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 185 BERRY ST. STE. 550		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38848 Amount of Each Disbursement this Period 42.31	
City SAN FRANCISCO	State CA	Zip Code 94107	Category/ Type 001
Purpose of Disbursement PAC CC TRANSACTION FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶

3042.31

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38855

Amount of Each Disbursement this Period

[REDACTED] 107.93

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38890

Amount of Each Disbursement this Period

[REDACTED] 71.46

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.3892:

Amount of Each Disbursement this Period

[REDACTED] 37.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 216.83

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.38944

Amount of Each Disbursement this Period

[Redacted] 53.49

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.38966

Amount of Each Disbursement this Period

[Redacted] 46.22

Memo Item

Full Name (Last, First, Middle Initial)

C. THE PRINTING EXPRESS LLC

Mailing Address 21 WAREHOUSE ROAD

City HARRISONBURG State PA Zip Code 22801

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.38841

Amount of Each Disbursement this Period

[Redacted] 4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[Redacted] 4099.71

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. THE PRINTING EXPRESS LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38854 Amount of Each Disbursement this Period [REDACTED] 1904.78
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THE RICHARD NORMAN COMPANY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 113 EAST MARKET ST. STE. 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.38854 Amount of Each Disbursement this Period [REDACTED] 9365.36
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE RICHARD NORMAN COMPANY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 113 EAST MARKET ST. STE. 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.3889c Amount of Each Disbursement this Period [REDACTED] 6745.91
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

18016.05

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. THE RICHARD NORMAN COMPANY

Mailing Address 113 EAST MARKET ST. STE. 300

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 06 / 2017

FEC Identification Number

Transaction ID : SB21B.38913
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE RICHARD NORMAN COMPANY

Mailing Address 113 EAST MARKET ST. STE. 300

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 31 / 2017

FEC Identification Number

Transaction ID : SB21B.38937
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE RICHARD NORMAN COMPANY

Mailing Address 113 EAST MARKET ST. STE. 300

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y
12 / 19 / 2017

FEC Identification Number

Transaction ID : SB21B.38975
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. THE RICHARD NORMAN COMPANY

Mailing Address 113 EAST MARKET ST. STE. 300

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38979
Amount of Each Disbursement this Period
6958.06

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS GRAPHICS INC.

Mailing Address PO BOX 14226

City AUSTIN State TX Zip Code 78714

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38876
Amount of Each Disbursement this Period
2463.96

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38866
Amount of Each Disbursement this Period
6.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9428.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2017

Mailing Address 220 N HATCHER AVE

FEC Identification Number

C []
Transaction ID : SB21B.38871
 Amount of Each Disbursement this Period
 [] 6.65

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement PAC POSTAGE
 Candidate Name
 Category/Type **001**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2017

Mailing Address 220 N HATCHER AVE

FEC Identification Number

C []
Transaction ID : SB21B.38883
 Amount of Each Disbursement this Period
 [] 46.65

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement PAC POSTAGE
 Candidate Name
 Category/Type **001**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2017

Mailing Address 220 N HATCHER AVE

FEC Identification Number

C []
Transaction ID : SB21B.38884
 Amount of Each Disbursement this Period
 [] 6.65

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement PAC POSTAGE
 Candidate Name
 Category/Type **001**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

59.95
[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38893
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38895
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38906
Amount of Each Disbursement this Period
6.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

19.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

Transaction ID : SB21B.38907
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

Transaction ID : SB21B.38907
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 03 / 2017

FEC Identification Number

Transaction ID : SB21B.3892:
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 10 / 2017

FEC Identification Number

Transaction ID : SB21B.38928
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number

Transaction ID : SB21B.38929
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 26 / 2017

FEC Identification Number

Transaction ID : SB21B.38932
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38942
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38945
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38946
Amount of Each Disbursement this Period
6.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

19.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38953
Amount of Each Disbursement this Period
 6.65

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38953
Amount of Each Disbursement this Period
 7.14

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.38953
Amount of Each Disbursement this Period
 6.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number
C
Transaction ID : SB21B.38967
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2017

FEC Identification Number
C
Transaction ID : SB21B.38978
Amount of Each Disbursement this Period
7.14

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 15 / 2017

FEC Identification Number
C
Transaction ID : SB21B.38975
Amount of Each Disbursement this Period
6.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City **PURCELLVILLE** State **VA** Zip Code **20132**

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

FEC Identification Number
C
Transaction ID : SB21B.38987
Amount of Each Disbursement this Period
6.65

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6.65
91165.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. CITIZENS FOR JOSH MANDEL

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement CONTRIBUTION

001
Category/Type

Candidate Name
MANDEL, JOSH, , ,

Office Sought: House Senate President
State: OH District: 00
Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 17 / 2017

FEC Identification Number
C 000494930
Transaction ID : SB23.389467
Amount of Each Disbursement this Period
1000.00

Memo Item

B. NICHOLSON FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 454

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement CONTRIBUTION

001
Category/Type

Candidate Name
NICHOLSON, KEVIN, , ,

Office Sought: House Senate President
State: WI District: 00
Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 17 / 2017

FEC Identification Number
C 000652131
Transaction ID : SB23.389504
Amount of Each Disbursement this Period
1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.388546 Amount of Each Disbursement this Period 30.00
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.389798 Amount of Each Disbursement this Period 30.00
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.389868 Amount of Each Disbursement this Period 6.00
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

66.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DOUGLAS, KATHY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 901 MCCLENDON WALKER ROAD

City ALEDO State TX Zip Code 76008

Purpose of Disbursement PAC ACCOUNTING SERVICES (NON-CONTRIBUTION ACCOUNT) 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2017

FEC Identification Number: C
Transaction ID : SB29.389797
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. PROFESSIONAL DATA SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement PAC COMPLIANCE CONSULTING (NON-CONTRIBUTION ACCOUNT) 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2017

FEC Identification Number: C
Transaction ID : SB29.388177
Amount of Each Disbursement this Period: 1750.00

Memo Item

C. RYUN, JIM, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT) 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2017

FEC Identification Number: C
Transaction ID : SB29.389795
Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)
A. RYUN, ANDREW, , ,

Date of Disbursement
MM / DD / YYYY
12 / 19 / 2017

Mailing Address 155 DUDDINGTON PL SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT) 001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number
C [REDACTED]
Transaction ID : **SB29.389794**
Amount of Each Disbursement this Period
[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. SHAFER, KRISTOFFER, L., ,

Date of Disbursement
MM / DD / YYYY
12 / 19 / 2017

Mailing Address 2420 VIA BOLOGNA APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement
PAC FIELD CONSULTING (NON-CONTRIBUTION ACCOUNT) 001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number
C [REDACTED]
Transaction ID : **SB29.389796**
Amount of Each Disbursement this Period
[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. THE PRINTING EXPRESS LLC

Date of Disbursement
MM / DD / YYYY
07 / 03 / 2017

Mailing Address 21 WAREHOUSE ROAD

City HARRISONBURG State PA Zip Code 22801

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT) 001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number
C [REDACTED]
Transaction ID : **SB29.388419**
Amount of Each Disbursement this Period
[REDACTED] 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [REDACTED] 9000.00

TOTAL This Period (last page this line number only)..... ▶ [REDACTED] 14816.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.
FEC IDENTIFICATION NUMBER
C C00298000

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: UNIVERSAL MEDIA INC.
Mailing Address: 4999 LOUISE DR
City: MECHANICSBURG, State: PA, Zip Code: 17055
Purpose of Expenditure: ADVERTISING (NON-CONTRIBUTION ACCOUNT)
Category/Type: 001
Amount: 68000.00
Transaction ID: SE.388545
Date of Disbursement or Obligation: 07/31/2017
Name of Federal Candidate: STRANGE, LUTHER, J., Oppose
Office Sought: Senate, State: AL
Disbursement For: Other (specify) SPECIAL PRIMARY

Empty form fields for another expenditure item.

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 68000.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 68000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KILGORE, PAUL, A, MR.,

[Electronically Filed]

Date

01 / 31 / 2018

Signature